

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2008</b> <i>(fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818))</i>			Docket Number <b>49931-0080</b>
In re Application of	<b>Edward W. MERRILL et al.</b>		
Application Number	<b>10/696,709</b>	Filed	<b>October 30, 2003</b>
For	<b>RADIATION AND MELT TREATED ULTRA HIGH MOLECULAR WEIGHT POLYETHYLENE PROSTHETIC DEVICES</b>		
Art Unit	<b>1796</b>	Examiner	<b>S. Berman</b>

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter appropriate fee below):

	Large Entity Fee	Small Entity Fee	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 120	\$ 60	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ 460	\$ 230	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ 1050	\$ 525	\$ <b>1050.00</b>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ 1640	\$ 820	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ 2230	\$ 1115	\$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number **50-3840**. I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

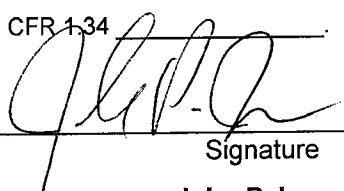
☒ attorney or agent of record. Registration Number: **33,715**

☐ attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34 \_\_\_\_\_

\_\_\_\_\_  
Date  
**February 21, 2008**

\_\_\_\_\_  
Telephone Number  
**(202) 416-6800**

\_\_\_\_\_  
Customer No. **61263**

  
\_\_\_\_\_  
Signature  
**John P. Isacson**  
\_\_\_\_\_  
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.